ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		32	1/16
FORMALITY REVIEW	Jm	JC864	1/29/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	....	Rejected
=	....	Allowed
–	(Through numeral)...	Canceled
÷	....	Restricted

N	....	Non-elected
I	....	Interference
A	....	Appeal
O	....	Objected

Claim		Date		Claim		Date		Claim		Date
Final	Original			Final	Original			Final	Original	
	1				51				101	
	2				52				102	
	3				53				103	
	4				54				104	
	5				55				105	
	6				56				106	
	7				57				107	
	8				58				108	
	9				59				109	
	10				60				110	
	11				61				111	
	12				62				112	
	13				63				113	
	14				64				114	
	15				65				115	
	16				66				116	
	17				67				117	
	18				68				118	
	19				69				119	
	20				70				120	
	21				71				121	
	22				72				122	
	23				73				123	
	24				74				124	
	25				75				125	
	26				76				126	
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	30				80				130	
	31				81				131	
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	39				89				139	
	40				90				140	
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	43				93				143	
	44				94				144	
	45				95				145	
	46				96				146	
	47				97				147	
	48				98				148	
	49				99				149	
	50				100				150	

If more than 150 claims or 10 actions
staple additional sheet h re

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